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**Testimony of**  
**Jane V. White, PhD, RD, FADA**  
**Nutrition Screening Initiative (NSI)**  
**on**  
**Fitness and Nutrition: The Prescription for Healthy Aging**  
**before the**  
**Senate Special Committee on Aging**  
**March 11, 2003**

Mr. Chairman and members of the Committee, I appreciate the opportunity to be here this morning to discuss nutrition and its relationship to healthy aging. The topic has never been more timely:

- America is getting older – the number of older adults will double in the next 30 years and will be 20 percent of the population—approximately 71 million.
- Older Americans increasingly are looking for strategies to maintain their health.
- The overwhelming majority of older Americans—80 percent—have one chronic disease and 50 percent have two or more. This includes many active older adults.
- Health care costs are on the rise—88 percent of Medicare spending is for beneficiaries with three or more chronic conditions.

**Proven nutrition intervention can help promote healthier aging—both in the *prevention* and the *management* of chronic diseases and their consequences.**

I am a Professor of Family Medicine at the University of Tennessee-Knoxville and a Registered Dietitian practicing in East Tennessee. Since 1989, I have been a technical advisor to the Nutrition Screening Initiative (NSI), a broad coalition of health care organizations led by the American Dietetic Association and the American Academy of Family Physicians. NSI promotes routine nutrition care for older adults to both prevent and manage chronic diseases. Mr. Chairman, NSI was founded because nutrition management, as an invaluable health care tool, is one of the best-kept secrets in town.

Chronic diseases affect people of all ages. I expect many of the otherwise healthy members of this committee have some condition they are working to manage such as high cholesterol or high blood pressure. The prevalence of chronic disease increases with age. Common conditions that are nutrition-related include cardiovascular diseases: hypertension, congestive heart failure, abnormal levels of cholesterol and other lipids, stroke; diabetes; cancer; renal disease; and osteoporosis. Hypertension affects one out of three people aged 70 years and older while roughly one in ten have diabetes, and one in four have coronary heart disease.



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**Nine out of 10 people with chronic disease have a condition that could be improved with nutrition intervention.** Through my work with older adults, practicing physicians, medical students, and residents, I have seen the critical role nutrition plays in maintaining the health and vitality of adults as they age.

As we are learning today from these three excellent panels—**there is substantial scientific evidence to support the effectiveness of nutrition intervention in the prevention and treatment of chronic disease.** The Institute of Medicine reported that there are proven nutrition strategies for managing cardiovascular disease, hypertension, congestive heart failure, diabetes and renal failure. Plus these measures are cost effective—leading to a reduced number of hospitalizations, length of hospital stay, and number of physician office visits.

Medical nutrition therapy (MNT) offers economic advantage to individuals as well as to the nation's health care industry and the economy in general. Chronic diseases cost our country \$300 billion annually—one third of U.S. health care expenditures. The cost to Medicare is staggering with 99 percent of all Medicare spending going to treat chronic illness (Congressional Budget Office Testimony 2002). In addition, prescription drug costs are rising and patient use is skyrocketing. The number of older adults taking eight or more drugs has increased 50 percent since just three years ago.

The American Diabetes Association reported recently that medical and other costs associated with diabetes have *doubled* in the last five years, from \$44 billion in 1997 to nearly \$92 billion in 2002. Other costs include permanent disabilities and death. The cost spent per patient with diabetes was found to be more than \$13,000 compared to \$2,500 for individuals without the disease.

Studies have also shown that nutrition can delay the onset and reduce the severity of diabetes and other chronic diseases. Data from the Diabetes Prevention Program study published in 2002 found that patients with pre-diabetes can delay or prevent type 2 diabetes by using diet and exercise to lose 5-7 percent of their body weight. The results are the most dramatic in people 60 years of age and older who lowered their risk of developing diabetes by 71 percent.

Further, nutrition strategies offer a cost-effective treatment alternative to prescription drug therapy. It is estimated that nutrition intervention could save \$52 to \$168 million for older adults with hypertension, \$54 to \$164 million for high cholesterol and other lipid levels, and \$132 to \$330 million for diabetes.

Medical nutrition therapy (MNT) can also lower blood pressure—reducing the risk of life-threatening or incapacitating stroke, renal, and cardiovascular disease. The DASH diet (Dietary



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Approaches to Stop Hypertension) consists of increased daily servings of fruits and vegetables, low-fat dairy products and nuts, and reduced salt/sodium intake.

We know that people are more likely to make dietary changes when facing a chronic disease. The U.S. Preventive Services Task Force: 2000-2003, reported recently that education and behavioral counseling are effective for patients who have been told they are at increased risk for cardiovascular disease. But the same rate of success was not observed when a healthy diet was recommended to the general population.

We know that people, especially older adults, are more likely to adopt these dietary changes IF their doctor tells them to. The NSI recently commissioned a research study addressing consumers and physicians. Both groups strongly agreed that a relationship exists between nutrition and chronic disease management. However, physicians seldom discuss nutrition with patients. Doctors say they lack the time, knowledge, and tools to provide this information to their patients. At the same time, 85 percent of patients *want* nutrition information from their physicians, but only 36 percent report that their doctor emphasized nutrition during office visits.

The clear need for practical tools for both physicians and consumers led NSI to develop *A Physician's Guide to Nutrition in Chronic Disease Management for Older Adults*. This easy-to-use, brief 18-page synopsis includes nutrition information about eight chronic diseases for physicians. The patient materials include nutrition tips that can be tailored for each patient. For example, with hypertension, the physician section of the *Guide* suggests a DASH diet, and the patient handout has instructions on steps to limit salt/sodium intake. A referral to a registered dietitian for nutrition assessment and counseling is strongly encouraged. The 18-page *Guide* is available on the web site of the American Academy of Family Physicians ([www.aafp.org/nsi](http://www.aafp.org/nsi)), and thousands have been distributed across the country.

Clearly one challenge in getting nutrition care to older Americans is the structure of Medicare. Medicare must be updated to provide these kinds of services. You heard a good deal of testimony in this regard at your hearing on Disease Management last September. We want to underscore the need for updates to Medicare that keep pace with the current state of knowledge and best practices—including nutrition care.

Older Americans want to be as healthy and independent as possible. Nutrition and fitness within individual limits can contribute to successful aging. But more can and must be done to make these basic services available to every older adult. I urge you to:

- Support programs that provide for nutrition services for older adults;
- Enable nutrition research through adequate funding;



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- Support graduate medical education in nutrition for residents and fellows in primary care specialties. This will help make certain that practicing physicians give their patients nutrition services.

Patients want this. Our nation needs it. Economics mandates it. Nutrition is essential to healthy aging.

Thank you again for allowing me to be here today. I would be pleased to answer any questions you might have for me.

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